



Commonwealth
of Massachusetts

Form CPF D 102 : Campaign Finance Report Office of Campaign and Political Finance

2003 JAN 21 P 4: 09

File with: Director

Office of Campaign and Political Finance

One Ashburton Place

Boston, MA 02108

(617) 727-8352

30 Day
Inspection
Date 1/21/03

CAMPAIGN & POLITICAL
FINANCE

CPF ID# 13269

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning

Month 1

Date 1

Year 02

Ending

Month 12

Date 31

Year 02

Type of report: (Check one)

☐ Initial Report

☒ Year-end Report

☐ Dissolution Report

☐ Other

Michael A. Sullivan

Full Name of Candidate

Cambridge City Council

Office Sought/District

42 Huron Ave

Residential Address

Cambridge, MA 02139

Tel. No. (optional)

The Michael A. Sullivan Committee

Committee Name

Edward J. Sullivan

Name of Committee Treasurer

197 Concord Ave

Committee Mailing Address

Cambridge, MA 02138

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report

\$30,992.19

Line 2: Total receipts this period (page 2, line 11)

\$33,090.60

Line 3: Subtotal (line 1 plus line 2)

\$64,082.79

Line 4: Total expenditures this period (page 3, line 14)

\$20,721.85

Line 5: Ending balance (line 3 minus line 4)

\$43,360.94

Line 6: Total in-kind contributions this period (page 3)

\$ -0 -

Line 7: Total (all) outstanding liabilities (page 4)

\$ -0 -

Line 8: Name of bank(s) used Citizen's Bank

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Edward J. Sullivan

Treasurer's signature (in ink)

1/20/03

Date

Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report, and attached schedules, and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Michael A. Sullivan

Candidate signature (in ink)

1/20/03

Date



Form CPF D106: Receipts and Expenditures Report Office of Campaign and Political Finance

Report of Receipts

Continuation of
Massachusetts

Office of Campaign and Political Finance, One Ashburton Place, Boston, MA 02108 (617) 727-8352

Please print or type all information on this form

Candidate Name: Michael A. Sullivan
Committee Name: The Michael A. Sullivan Committee
Name of Bank: Citizens
Reporting Period from: 12-31-02 through 12-31-02 Page # 122

M.G.L. c. 55 requires the name and residential address to be provided for all contributors who donate more than \$50 in a calendar year. In addition, the occupation and employer is also required for persons who contribute \$200 or more in a calendar year.

Cash/ Bank #	Deposit Date	Name and Address (Alphabetical listing mandatory)	Amount \$	Occupation and Employer (Contributions \$200 or more)
1 5-211 110	1/3/02	Robert B. Hille 106 Prospect St Roslindale, MA	100	
2 53-708 2113	1/3/02	John J. Lorrain, Jr 361 Main St Winchester, MA	100	
3 53-59 112	1/3/02	Francis Deely 35 Line St Cambridge, MA	100	
4 5-707 2110	1/3/03	Coralie M. Errico 36 Wyckwood Heights Littletown, MA	100	
5 5-707 2110	1/3/03	Michael T. Healy 16 West Rd Arlington, MA	100	
6 53-707 2113	1/3/03	Jose J. Macaluso, Esq 392 Cambridge St Cambridge, MA	100	
7 5-13 110	1/3/03	Philip J. Stone 26 Cambridge St Littletown, MA	100	
8 5-13 110	1/3/03	Barbara M. Sullivan 28 Wilson Ave Malden, MA	25	
9 53-711 2113	1/3/03	John L. Sullivan 15 Murray Hill Rd Cambridge, MA	100	
10 53-711 2113	1/3/02	John L. Sullivan Jr 15 Murray Hill Rd Cambridge, MA	100	
Contributions in excess of \$50 (or listed above)			925	
Contributions \$50 and under (not listed above)				
Total this page			925	Total Deposit (sum of all pages) \$ 1125

Candidate or Committee: Fill out this side only in triplicate and take to the bank with your deposit. One copy should be receipted by the bank and then retained by the committee; the bank keeps two copies, one of which will be sent to (1)CPF.



Office of Campaign and Political Finance

Report of Receipts

Commonwealth of
Massachusetts

Office of Campaign and Political Finance, One Ashburton Place, Boston, MA 02108 (617) 727-8352

Please print or type all information on this form

Candidate Name:

Committee Name:

Name of Bank:

Reporting Period from:

Michael A. Sullivan
The Michael A. Sullivan Committee
CITIZENS
12-31-02 through 12-31-02 Page # 222

M.G.L. c. 55 requires the name and residential address to be provided for all contributors who donate more than \$50 in a calendar year. In addition, the occupation and employer is also required for persons who contribute \$200 or more in a calendar year.

	Cash/ Bank #	Deposit Date	Name and Address (Alphabetical listing mandatory)	Amount \$	Occupation and Employer (Contributions \$200 or more)
1	53-7112 2113	1/3/03	MORTIMER 8 Royal Crest Dr Mortimer MA	100	
2	53-7070 2113	1/3/03	POUL WOLSH 7 Walker Ct Cambridge MA	50	
3	53-13 111	1/3/03	BILL ZEMPORE 7 Emmons Place Cambridge MA	50	
4					
5					
6					
7					
8					
9					
10					
Contributions in excess of \$50 (or listed above)				200	
Contributions \$50 and under (not listed above)					
Total this page				200	Total Deposit (sum of all pages) \$ 1125

Candidate or Committee: Fill out this side only in triplicate and take to the bank with your deposit. One copy should be receipted by the bank and then retained by the committee: the bank keeps two copies, one of which will be sent to OCPF.



OFF D-100: Receipts and Expenditures Report
Office of Campaign and Political Finance

Report of Receipts

Commonwealth of
Massachusetts

Office of Campaign and Political Finance, One Ashburton Place, Boston, MA 02108 (617) 727-8352

Please print or type all information on this form

Candidate Name: Michael A. Sullivan
Committee Name: The Michael A. Sullivan Committee
Name of Bank: Citizens Bank
Reporting Period from: 12/31/02 through 12-31-03 Page # 1

M.G.L. c. 55 requires the name and residential address to be provided for all contributors who donate more than \$50 in a calendar year. In addition, the occupation and employer is also required for persons who contribute \$200 or more in a calendar year.

Cash/ Bank #	Deposit Date	Name and Address (Alphabetical listing mandatory)	Amount \$	Occupation and Employer (Contributions \$200 or more)
1 5-7515 0110	1/6/03	Winchendon Furniture Co 13 Railroad St Winchendon, MA	1558 ³⁰	REFUND ON RETURN
2				
3				
4				
5				
6				
7				
8				
9				
10				
Contributions in excess of \$50 (or listed above)			1558 ³⁰	
Contributions \$50 and under (not listed above)				
Total this page			1558 ³⁰	Total Deposit (sum of all pages) \$ 1558 ³⁰

Candidate or Committee: Fill out this side only in triplicate and take to the bank with your deposit. One copy should be receipted by the bank and then retained by the committee: the bank keeps two copies, one of which will be sent to OCPF.

Office of Campaign and Political Finance

Report of Receipts

Commonwealth of
Massachusetts

Office of Campaign and Political Finance, One Ashburton Place, Boston, MA 02108 (617) 727-8352

Please print or type all information on this form

Candidate Name: Michael A. Sullivan
 Committee Name: The Michael A. Sullivan Committee
 Name of Bank: Citizens Bank
 Reporting Period from: Dec 31, 2002 through Dec 31, 2002 Page # 1

M.G.L. c. 55 requires the name and residential address to be provided for all contributors who donate more than \$50 in a calendar year. In addition, the occupation and employer is also required for persons who contribute \$200 or more in a calendar year.

Cash/ Bank #	Deposit Date	Name and Address (Alphabetical listing mandatory)	Amount \$	Occupation and Employer (Contributions \$200 or more)
1 5-13 110	1/6/03	Patrick Joseph Deherly 57 Montgomery St Cambridge, MA	50 -	
2 53-7112 2113	1/6/03	Charles P. Guleserian 25 Flinders Rd Belmont, MA	100 -	
3 53-704 2113	1/6/03	Charles T. Hinds 207 1/2 Charles St Cambridge, MA	200 -	Retired
4				
5				
6				
7				
8				
9				
10				

Contributions in excess of \$50 (or listed above)

350 -

Contributions \$50 and under (not listed above)

Total this page

350 -

Total Deposit (sum of all pages)

\$ 350

Candidate or Committee: Fill out this side only in triplicate and take to the bank with your deposit. One copy should be receipted by the bank and then retained by the committee: the bank keeps two copies, one of which will be sent to OCPF.

INITIAL REPORT: Report any receipts received before appointing the depository bank
OTHER REPORTS: You may omit schedule A information, as this has previously been disclosed on the reports filed by your depository bank. However, you must summarize your receipts on lines 9 - 11.

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total receipts in excess of \$50			Enter on page 1, line 2.
Line 10: Total receipts \$50 and under			
Line 11: TOTAL RECEIPTS IN THE PERIOD			

33,090.40

SAVINGS ACCOUNT INFORMATION

Are there any campaign funds on deposit in savings accounts/CDs etc.? ☒ No (go to page 3) ☐ Yes

If yes, complete the following:

Name(s) of Bank(s) and/or CDs

Amount in account/CD etc.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

SAVINGS ACCOUNT/CD TOTAL:

\$ _____

All funds held in savings accounts, CDs etc. should be included in line 5, (ending balance) on page 1.

SCHEDULE B: EXPENDITURES

INITIAL REPORT: Report any expenditures made before appointing the depository bank.

OTHER REPORTS: You may omit schedule B information, as this has previously been disclosed on the reports filed by your depository bank. However, you must summarize your expenditures on lines 12 - 14.

Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
			Line 12: Expenditures over \$50		
			Line 13: Expenditures \$50 and under		
			Line 14: TOTAL EXPENDITURES		

Enter on page 1, line 4

20.72/85

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

In-kind contributions are not reported by a depository bank. You must report all in-kind contributions for the reporting period on this form (or attached sheets). Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				Line 15: In-kind over \$50 — 0 —
				Line 16: In-kind \$50 and under — 0 —
				Line 17: Total In-kind — 0 —

Enter on page 1, line 6

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contributor has given an aggregate amount of \$200 or more in a calendar year, the contributor's occupation and employer must also be reported.

This page may be copied if additional pages are required to report all expenditures or all in-kind contributions. Please include your committee name, CPF ID# and a page number on each page.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7.			Line 18: OUTSTANDING LIABILITIES (ALL)	— 0 —

SCHEDULE E: DISCLOSURE OF ASSETS STATEMENT

All candidates and committees must fill in part A or part B.

Part A:

☒ No assets* were acquired or disposed of by this candidate/committee during the period covered by this statement.

Part B:

Assets acquired: List all assets acquired since the committee last filed this statement. If this is the first Schedule E you have filed, list all assets.

Asset Include year, model or other identifying information, if applicable.	Date Acquired	Present Location	Manner Acquired	Cost/Value

Assets disposed of: List all assets sold, traded or transferred during the reporting period covered by this statement.

Asset Include year, model or other identifying information, if applicable.	Date Acquired	Disposition to: Name and Address	Date and Manner of Disposition	Disposition Value Attach statement of how value is determined.

Assets acquired by a political committee must be used for the political purpose for which the committee is organized and must remain the property of that committee. Assets may be disposed of at any time, but must be disposed of prior to dissolution.

* An asset is defined as any one item that has a useful life of more than one year, would be depreciable in a normal business environment, and has a cost/value of \$1,000 or more at the time of acquisition.

This page may be copied if additional pages are required to report all liabilities or assets. Please include your committee name, CPF ID# and a page number on each page.

